

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?: NONE
Title:: STABLE LIQUID PREPARATION
Attorney Docket Number:: 281552US0PCT
Total Drawing Sheets:: 1

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Yoichi
Family Name:: IKEDA
City of Residence:: Akitakata-shi
State or Province of Residence:: Hiroshima
Country of Residence:: Japan
Street of Mailing Address:: c/o Wakunaga Pharmaceutical Co., Ltd.,
1624, Shimokotachi, Kodacho
City of Mailing Address:: Akitakata-shi
State or Province of Mailing Address:: Hiroshima
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 739-1195

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Soko
Family Name:: MOTOUNE
City of Residence:: Akitakata-shi
State or Province of Residence:: Hiroshima
Country of Residence:: Japan
Street of Mailing Address:: c/o Wakunaga Pharmaceutical Co., Ltd.,
1624, Shimokotachi, Kodacho
City of Mailing Address:: Akitakata-shi
State or Province of Mailing Address:: Hiroshima
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 739-1195

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Mizuho
 Family Name:: ONO
 City of Residence:: Akitakata-shi
 State or Province of Residence:: Hiroshima
 Country of Residence:: Japan
 Street of Mailing Address:: c/o Wakunaga Pharmaceutical Co., Ltd.,
 1624, Shimokotachi, Kodacho
 City of Mailing Address:: Akitakata-shi
 State or Province of Mailing Address:: Hiroshima
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 739-1195

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Yoshifumi
 Family Name:: MOHRI
 City of Residence:: Akitakata-shi
 State or Province of Residence:: Hiroshima
 Country of Residence:: Japan
 Street of Mailing Address:: c/o Wakunaga Pharmaceutical Co., Ltd.,
 1624, Shimokotachi, Kodacho
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CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP04/08990	06/25/04

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2003-184881	Japan	06/27/03	YES

ASSIGNMENT INFORMATION

Assignee Name:: WAKUNAGA PHARMACEUTICAL CO., LTD.

Street of Mailing Address:: 5-36, Miyahara 4-chome, Yodogawa-ku

City of Mailing Address:: Osaka-shi

State or Province of Mailing Address:: Osaka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 532-0003